

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
Texas Workforce Commission Civil Rights Division and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) Patricia J. Black		Home Phone (Incl. Area Code) 281.438.3934	Date of Birth 10/9/1952
Street Address City, State and ZIP Code 2814 Manion Drive, Missouri City, Texas 77459			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Baylor College of Medicine		No. Employees, Members 500+	Phone No. (Include Area Code) 713.798.4951
Street Address City, State and ZIP Code One Baylor Plaza, 6565 Fannin, Houston, TX 77030			
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input checked="" type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below.)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 6/14/2010 6/14/2010 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I began my employment with Baylor College of Medicine in 1997 in the Department of Family Medicine as an academic coordinator. Then in June 2000, I was hired by Ophthalmology Department as the Residency Coordinator and I remained there until my termination. On June 14, 2009 I was informed by Nikki Taylor, Human Resource Representative, and Elizabeth Baze, MD, Program Director, that my position as Residency Coordinator for the Ophthalmology Department was going to be eliminated and that my services were no longer needed. However, on July 1, 2009 an email memo was distributed indicating that Robin Caldwell was the new Residency Coordinator for the Ophthalmology Department and the position in fact had not been eliminated. Robin Caldwell is a Caucasian female and she is younger than me.</p> <p>I was discriminated on the basis on my race, color and age when I was terminated on June 14, 2009.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
_____ Date Charging Party Signature		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	